RD Advocacy Letter Templates for MPPs
(2 options - edit as you see fit)

Instructions to help share:

1. Copy & Paste one of the templates in this document into an email and edit/sign your name and city/MPP riding. Feel free to add any personal experiences or details you wish.
2. Search for your MPP representative by using this tool: https://www.ola.org/en/members/current and copy and paste their email address into your email.
3. If you wish, add Premier Doug Ford & Minister of Health Slyvia Jones to your email CC list. Their emails are:

doug.fordco@pc.ola.org
sylvia.jones@pc.ola.org

A Note to You:

If your MPP reaches out to you, feel free to share with me at sandravenneri88@gmail.com the responses if you want to discuss or need support. Dietitians of Canada and CDO might be interested in seeing their responses as well, and hopefully will be a resource and stakeholders that will champion this as well.

Thank you for taking time out of your very busy schedule to do this small act. As we know, counseling people in nutrition, big changes happen with these incremental steps towards our goals & future.

Kind regards,

Sandra Venneri, PHEc, NM, MAN, RD

Dear Political Member and Public Representative,

I am writing to you as a constituent who cares deeply about the health of Ontarians and the professionals who deliver that care. I am not writing to complain — I am writing to invite you into a conversation that I believe matters deeply to the people you represent, and to ask for your collaboration on an issue that has gone unaddressed for far too long.

WHO REGISTERED DIETITIANS ARE — AND WHAT IT TAKES TO BECOME ONE

Registered Dietitians (RDs) are a regulated health profession — and becoming one is not a simple or short undertaking. To practice as an RD in Canada, an individual must complete an accredited university degree in dietetics or nutrition, successfully complete a minimum of 1,250 hours of supervised practical training through a highly competitive dietetic internship or practicum program, and pass the Canadian Dietetic Registration Examination (CDRE) — a rigorous national licensing exam administered twice a year. Only then may they register with a provincial regulatory body, such as the College of Dietitians of Ontario, and legally practice under the protected title of Registered Dietitian.

This path typically takes five to six years from start to registration — and in practice, it is often longer. The dietetic internship represents a significant and well-documented bottleneck: there are far more qualified graduates than available placements, and many nutrition graduates wait a year or more after completing their undergraduate degree before securing a spot. This delay extends their financial uncertainty and slows the very workforce growth Ontario needs.

What makes this particularly striking is the calibre of applicant the system demands, and still cannot fully accommodate. Admission to graduate-level dietetic programs in Ontario requires an already-completed accredited four-year undergraduate degree in dietetics or nutrition, a minimum academic average that in practice sits at or above 80%, competitive professional references, a letter of intent, and often a formal interview — with no guarantee of acceptance. These programs receive far more qualified applicants than they have seats for. Gaining entry is genuinely competitive, and completing the program is genuinely demanding.

WHERE THIS TRAINING TAKES PLACE

These graduates are not trained in isolation — but inside Ontario's most respected academic health institutions, alongside the physicians, nurses, and specialists we do not hesitate to compensate appropriately.

Dietetic graduate programs in Ontario are housed within the same universities, the same faculties, and often the same buildings as Ontario's medical schools, nursing programs, and allied health faculties. At the University of Toronto, RD training sits within the Dalla Lana School of Public Health, one of Canada's most prestigious public health institutions. At Western University, the Brescia School of Food and Nutritional Sciences operates within the same

academic institution that trains Ontario physicians. Toronto Metropolitan University's dietetics program places students inside SickKids, Sunnybrook Health Sciences Centre, and Women's College Hospital for their supervised clinical training. The University of Guelph's Master of Applied Nutrition trains RDs alongside researchers and faculty who shape national nutrition policy.

NOSM University deserves particular attention. Its mandate is the health of Northern Ontario, and it trains both physicians and Registered Dietitians under the same roof, with the same social accountability mission, in the same underserved communities. NOSM's Dietetic Practicum Program — recently granted full national accreditation — places students across more than 35 communities in Northern Ontario, with a specific focus on rural, remote, Francophone, and Indigenous population health. Until very recently, NOSM dietetic students received no government funding assistance whatsoever. Even with OSAP eligibility now in place, the structural underfunding of this program relative to its public health value remains significant. Sixty-three percent of recent graduates go on to practice in Northern Ontario, directly addressing one of the most severe dietitian shortages in the province. This program is a public health asset that the province benefits from enormously — and for most of its existence, has been funded almost not at all.

These are not community college programs. These are nationally accredited, university-based, graduate-level professional education programs embedded in Ontario's academic health sciences infrastructure — the same infrastructure we fund, celebrate, and rely on across every other regulated health profession.

WHAT THE DATA SHOWS: A WORKFORCE IN CRISIS

The College of Dietitians of Ontario's 2023–24 Annual Report tells a story that should concern every health system planner, policymaker, and Ontarian who cares about preventive care. The numbers reveal not just a compensation problem — but a structural workforce crisis that is already unfolding.

Ontario currently has 4,545 registered dietitians — but 201 are reported as living outside Ontario, and the distribution of those who remain reflects a system designed to intervene after people are sick, not to prevent illness in the first place.

The workforce is concentrated in acute care — not prevention. Of Ontario's active RDs, 1,479 work in hospitals — the largest single employment sector in the profession. Only 663 work in private practice, largely inaccessible to Ontarians without out-of-pocket payment. Just 215 work in public health. This is not an accident of individual career choice. It reflects a funding model that invests in nutrition intervention after hospitalization, while starving the preventive and community infrastructure that could reduce those hospitalizations in the first place.

Early and mid-career dietitians are leaving. 120 RDs resigned their licences in a single year. 83% of them were under 50. These are not retirements — these are practitioners in their most productive years choosing to leave the profession entirely. When compensation and working conditions do not reflect the value and complexity of the work, talent walks.

A retirement cliff is approaching. Approximately 1,045 active registrants — nearly one in four Ontario RDs — are aged 50 or older. With only 254 new registrants entering the profession this year, the math is stark: Ontario cannot replace the experienced dietitians it will lose within the next decade at the current rate of entry.

Multi-provincial licensing is masking the real picture. 201 Ontario RDs are reported as working outside the province — but many hold multi-provincial licences to serve clients virtually across Canada. These practitioners are filling access gaps in other provinces, often while absorbing significant administrative and financial costs of multiple college registrations. This is not a workforce distribution solution. It is a compensation problem in disguise: Ontario-trained dietitians are effectively subsidizing the healthcare infrastructure of other provinces because the financial case for staying in Ontario is not compelling enough.

AN EXPANDING SCOPE OF PRACTICE — WITH UNCHANGED COMPENSATION

What these graduates are expected to do in practice has grown far beyond what most people — and most policy documents — recognize. Over the past two decades, the scope of dietetic practice has expanded dramatically. RDs today lead dysphagia assessment and management — a complex clinical function with direct patient safety implications. They provide medical nutrition therapy for critically ill patients in ICU and acute care settings. They support medication-adjacent therapeutic interventions under medical directives. They function as the primary nutrition lead on interdisciplinary teams spanning medicine, nursing, pharmacy, and social work. This is not the dietetics of thirty years ago. The profession has grown in clinical complexity, in regulatory responsibility, and in the sophistication of its practice — in every measurable direction. The compensation structures governing it have not.

New RD graduates — many of whom now hold master's degrees and have trained inside Ontario's top hospitals — are entering the workforce at closer to $36/hour. The median across the profession sits at approximately $42/hour. Occupational therapists, speech-language pathologists, and physiotherapists — professions requiring equivalent levels of education and regulated training — are compensated at meaningfully higher rates at every stage of their careers. Many new RDs carry graduate-level student debt. The financial return on their educational investment simply does not reflect what this province asked of them to get here.

Compounding this: a large proportion of RDs in Ontario work outside of unionized settings — in primary care, public health, community nutrition, long-term care, and private practice — with no collective bargaining mechanism and no formal process for addressing wage stagnation. There is no table to sit at. When wages fall behind, there is no recourse.

There is also an inequity in provincial support programs that I would ask you to consider. Registered Dietitians have been excluded from the tuition relief and student loan forgiveness programs extended to other regulated health professionals. Nurses and other allied health professions have benefited from provincial and federal initiatives designed to reduce the financial burden of entering a regulated healthcare career — yet RDs have been consistently passed over. This is not only a fairness issue — it is a workforce sustainability issue. If Ontario wants to retain the highly trained dietitians it has invested in educating, it needs to stop making the financial case for leaving.

WHY THIS MATTERS FOR YOUR CONSTITUENTS

Approximately 44% of adults in Canada are living with at least one chronic disease, and these conditions account for 67% of all deaths nationally (Public Health Agency of Canada, 2024). In Ontario, the direct healthcare costs of chronic disease are estimated at $10.5 billion annually. Diabetes alone costs Ontario's healthcare system $1.7 billion per year — and over 4.4 million Ontarians are currently living with diabetes or prediabetes, a figure that has risen 42% since 2009. Food insecurity — a primary driver of chronic disease — has worsened dramatically: in 2023, nearly 1 in 4 Ontario households experienced some level of food insecurity, an increase of over 1.2 million Ontarians since 2019 (Public Health Ontario, 2025).

Registered Dietitians are among the most evidence-based, cost-effective interventions available for preventing and managing these conditions. Nutrition therapy reduces hospitalizations, supports diabetes management, lowers cardiovascular risk, aids cancer recovery, and improves outcomes for patients with eating disorders, kidney disease, and gastrointestinal conditions. The evidence for this is not contested. What is contested — or rather, what has been neglected — is whether the system is actually making dietitian care accessible to the people who need it.

Investing in dietitian access at the primary care level is not a cost. It is a saving. When we underinvest in dietitians upstream, we absorb those costs downstream — in emergency departments, hospital admissions, and long-term care.

A STRUCTURAL ACCESS FAILURE

For most Ontarians, dietitian care is not accessible — and the workforce data makes clear why.

OHIP covers dietitian services almost exclusively within hospital settings. Outside of hospital walls, publicly funded access exists only for Ontarians connected to a Family Health Team or Community Health Centre — models that are not available in every community, carry their own waitlists, and that many Ontarians simply do not know exist. For the millions of Ontarians who are not hospital inpatients and are not connected to these models, a Registered Dietitian is effectively out of reach through the public system.

Private practice dietitian services are not covered by OHIP. For those with extended health benefits, annual coverage caps are often as low as $300–$500 — far short of what meaningful, individualized nutrition therapy requires. For Ontarians who are self-employed, precariously employed, or reliant on social assistance, out-of-pocket care is simply not a realistic option.

This access failure falls hardest on the populations facing the highest rates of chronic disease: low-income individuals, racialized communities, Indigenous peoples, and those in rural and Northern Ontario, where even hospital-based dietitian positions are chronically understaffed.

Meanwhile, public health dietitian positions — once a cornerstone of community nutrition programming — have been progressively hollowed out over years of underfunding. Only 215 RDs across all of Ontario work in public health. Fewer RDs in public health means less population-level prevention, less community nutrition education, and diminished capacity to reach those who need care most.

WHAT I AM ASKING OF YOU

I am reaching out because I believe these are problems that require government leadership to solve — and because I believe you have both the position and the opportunity to help initiate that change. I would welcome your collaboration on the following:

1. Initiating a formal, independent wage benchmarking process that examines RD compensation alongside comparably educated and regulated allied health professions across Ontario — and using those findings to inform concrete government action on pay equity.

2. Working with the Ministry of Health to review hospital pay grade classifications, so that RDs are not classified below their actual scope of practice and education level — particularly given how significantly clinical responsibilities have expanded over the past two decades.

3. Exploring mechanisms to expand collective bargaining access for the many RDs in public health, primary care, and community settings who currently have no union representation and no formal process for negotiating wages.

4. Engaging the Ministry of Health on sustainable funding models for dietitian services in primary care and public health — so that RD positions are resourced as a core component of the care team, not treated as a discretionary line item vulnerable to budget pressures.

5. Collaborating with the College of Dietitians of Ontario and relevant ministries to ensure that the expanded scope of dietetic practice is formally documented and reflected in how RDs are classified, funded, and compensated across all care settings.

6. Championing the inclusion of Registered Dietitians in provincial tuition relief and student loan forgiveness programs — in line with supports already extended to other regulated health professions.

7. Initiating a broader conversation about expanding publicly funded access to dietitian services — including individual nutrition counselling in primary care and community settings, increased capacity within Family Health Teams and Community Health Centres, and improved public awareness of what dietitian services exist and how Ontarians can access them.

These are not small asks — but they are proportionate to the scale of the problem, and I do not believe any of them are beyond reach with committed leadership. I am not asking you to solve this alone. I am asking you to help open doors that this profession cannot open from where we currently stand.

The College of Dietitians of Ontario's own data confirms that Ontario is not on a sustainable path. Licence resignations are rising among early-career practitioners, a retirement cliff is approaching, the workforce is concentrated in the wrong settings, and access for Ontarians who need prevention most is structurally inadequate. The cost of inaction — in human terms and in healthcare dollars — is not abstract. It is measurable, and it is growing.

I would welcome the opportunity to speak with you or a member of your office — even briefly — if it would be helpful to discuss any of these points further. This issue deserves a seat at the table, and I believe you can help put it there.

Thank you sincerely for your time and for your service to this community.

Sincerely,

[Your name]
[Your city/riding]

Some References for you to Review:
Previous Compensation Study by non-RDs supporting this:
https://amho.ca/wp-content/uploads/2023/12/Ontario-Community-Health-Compensation-Study.pdf
College of Dietitians of Ontario 2024 Annual Report:
https://collegeofdietitians.org/wp-content/uploads/2024/07/Member-Statistics-AnnualReport2019-2020FINAL.pdf

Dear Political Member and Public Representative,

I am writing as a constituent who cares deeply about the health of Ontarians and the professionals who deliver that care — not to complain, but to invite you into a conversation that has gone unaddressed for far too long.

WHY THIS MATTERS FOR YOUR CONSTITUENTS

Approximately 44% of Canadian adults live with at least one chronic disease, accounting for 67% of all deaths nationally. In Ontario, the direct healthcare costs of chronic disease total an estimated $10.5 billion annually. Diabetes alone costs $1.7 billion per year — and over 4.4 million Ontarians are living with diabetes or prediabetes, up 42% since 2009. In 2023, nearly 1 in 4 Ontario households experienced food insecurity, an increase of over 1.2 million Ontarians since 2019.

Registered Dietitians (RDs) are among the most evidence-based, cost-effective interventions available for preventing and managing these conditions. Nutrition therapy reduces hospitalizations, supports diabetes management, lowers cardiovascular risk, and improves outcomes across a wide range of chronic conditions. The evidence is not contested. What has been neglected is whether the system is making dietitian care accessible to the people who need it.

Investing in dietitian access at the primary care level is not a cost. It is a saving. When we underinvest upstream, we absorb those costs downstream — in emergency departments, hospital admissions, and long-term care.

A STRUCTURAL ACCESS FAILURE

For most Ontarians, dietitian care is simply not accessible. OHIP covers RD services almost exclusively within hospital settings. Outside hospital walls, publicly funded access exists only for those connected to a Family Health Team or Community Health Centre — models unavailable in every community, with their own waitlists.

Private practice dietitian services are not covered by OHIP. For those with extended benefits, annual coverage caps are often as low as $300–$500 — far short of what meaningful nutrition therapy requires. For Ontarians who are self-employed, precariously employed, or reliant on social assistance, out-of-pocket care is not realistic.

This access failure falls hardest on the populations with the highest rates of chronic disease: low-income individuals, racialized communities, Indigenous peoples, and those in rural and Northern Ontario. Meanwhile, public health dietitian positions have been progressively hollowed out: only 215 RDs across all of Ontario work in public health.

WHAT THE DATA SHOWS: A WORKFORCE IN CRISIS

The College of Dietitians of Ontario's 2023–24 Annual Report tells a story that should concern every health system planner and policymaker:

- Ontario has 4,545 registered dietitians — but the workforce is concentrated in acute care. 1,479 RDs work in hospitals. Only 663 work in private practice, and just 215 in public health. This reflects a funding model that invests in nutrition intervention after

hospitalization, while starving the preventive infrastructure that could reduce those hospitalizations.

- Early and mid-career dietitians are leaving. 120 RDs resigned their licences in a single year. 83% were under 50 — not retirements, but practitioners in their most productive years choosing to leave entirely.
- A retirement cliff is approaching. Approximately 1,045 active registrants — nearly one in four Ontario RDs — are aged 50 or older. With only 254 new registrants entering this year, Ontario cannot replace what it will lose within the decade.

WHO REGISTERED DIETITIANS ARE — AND WHAT IT TAKES TO BECOME ONE

Becoming a Registered Dietitian requires an accredited university degree, a minimum of 1,250 hours of supervised practical training through a competitive internship, and passage of the Canadian Dietetic Registration Examination. This path typically takes five to six years, and often longer. The internship is a documented bottleneck: far more qualified graduates exist than available placements, and many wait a year or more before securing a spot.

These are not community college programs. They are nationally accredited, graduate-level professional programs embedded in Ontario's academic health sciences infrastructure — the same infrastructure we fund and rely on across every other regulated health profession. Dietetics students at Toronto Metropolitan University complete supervised clinical training at SickKids, Sunnybrook, and Women's College Hospital. NOSM University trains both physicians and RDs under the same social accountability mission — and 63% of its dietetic graduates go on to practice in Northern Ontario, directly addressing some of the province's most severe shortages.

AN EXPANDING SCOPE OF PRACTICE — WITH UNCHANGED COMPENSATION

What RDs are expected to do in practice has grown dramatically. Today's dietitians lead dysphagia assessment and management, provide medical nutrition therapy in ICU and acute care settings, and function as the primary nutrition lead on interdisciplinary teams spanning medicine, nursing, pharmacy, and social work. The profession has grown in every measurable direction. Compensation structures have not.

New RD graduates — many holding master's degrees, trained inside Ontario's top hospitals — enter the workforce at closer to $36/hour. The median is approximately $42/hour. Occupational therapists, speech-language pathologists, and physiotherapists — professions requiring equivalent education and training — are compensated at meaningfully higher rates at every career stage.

A large proportion of Ontario RDs work outside unionized settings — in primary care, public health, community nutrition, and private practice — with no collective bargaining mechanism and no formal recourse when wages fall behind. Registered Dietitians have also been excluded from the tuition relief and student loan forgiveness programs extended to other regulated health professions. This is not only a fairness issue — it is a workforce sustainability issue.

WHAT I AM ASKING OF YOU

These are problems that require government leadership to solve. I would welcome your collaboration on the following:

- Initiate a formal, independent wage benchmarking process comparing RD compensation with comparably educated allied health professions across Ontario, with findings informing concrete government action on pay equity.
- Work with the Ministry of Health to review hospital pay grade classifications so RDs are not classified below their actual scope of practice and education level.
- Explore mechanisms to expand collective bargaining access for RDs in public health, primary care, and community settings who currently have no union representation.
- Engage the Ministry of Health on sustainable funding models for dietitian services in primary care and public health, so RD positions are resourced as core — not discretionary — components of the care team.
- Champion the inclusion of Registered Dietitians in provincial tuition relief and student loan forgiveness programs, in line with supports already extended to other regulated health professions.
- Initiate a broader conversation about expanding publicly funded access to dietitian services, including individual nutrition counselling in primary care and community settings and improved public awareness of existing access points.

These asks are proportionate to the scale of the problem, and I do not believe any are beyond reach with committed leadership. The College of Dietitians of Ontario's own data confirms Ontario is not on a sustainable path. The cost of inaction — in human terms and in healthcare dollars — is measurable, and it is growing.

I would welcome the opportunity to speak with you or a member of your office, even briefly. Thank you sincerely for your time and for your service to this community.

Sincerely,

[Your name]

[Your city/riding]

REFERENCES

Previous Compensation Study (AMHO, 2023):
https://amho.ca/wp-content/uploads/2023/12/Ontario-Community-Health-Compensation-Study.pdf

College of Dietitians of Ontario 2024 Annual Report:
https://collegeofdietitians.org/wp-content/uploads/2024/07/Member-Statistics-AnnualReport2019-2020FINAL.pdf